



Complete Summary

TITLE

Emergency medicine: percentage of patients aged 18 years and older with an emergency department discharge diagnosis of syncope who had a 12-lead ECG performed.

SOURCE(S)

American College of Emergency Physicians, Physician Consortium for Performance Improvement®, National Committee for Quality Assurance. Emergency medicine physician performance measurement set. Chicago (IL): American Medical Association, National Committee for Quality Assurance; 2006 Oct. 14 p. [6 references]

Measure Domain

PRIMARY MEASURE DOMAIN

Process

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

SECONDARY MEASURE DOMAIN

Does not apply to this measure

Brief Abstract

DESCRIPTION

This measure is used to assess the percentage of patients aged 18 years and older with an emergency department discharge diagnosis of syncope who had a 12-lead electrocardiogram (ECG) performed.

RATIONALE

Electrocardiogram (ECG) can occasionally pick up potentially life-threatening conditions such as pre-excitation syndromes, prolonged QT syndromes, or Brugada's syndrome in otherwise healthy appearing young adults. ECG testing is performed inconsistently, even in high risk patients; the largest study to date of ECG testing variation in emergency department (ED) syncope visits using a 9 year

national sample illustrated that ECG testing was documented in only 59% of ED syncope visits.*

*The following clinical recommendation statements are quoted verbatim from the referenced clinical guidelines and represent the evidence base for the measure:

Obtain a standard 12-lead ECG in patients with syncope. (American College of Emergency Physicians [ACEP])

- A patient with a normal ECG has a low likelihood of dysrhythmias as a cause of syncope.
- Abnormal ECG has been associated as being the most important predictor of serious outcomes and a multivariate predictor for arrhythmia or death within 1 year after the syncopal episode.

PRIMARY CLINICAL COMPONENT

Emergency department (ED); syncope; electrocardiogram (ECG)

DENOMINATOR DESCRIPTION

All patients aged 18 years and older with an emergency department discharge diagnosis of syncope (see the related "Denominator Inclusions/Exclusions" field in the Complete Summary)

NUMERATOR DESCRIPTION

Patients who had a 12-lead electrocardiogram (ECG) performed

Evidence Supporting the Measure

EVIDENCE SUPPORTING THE CRITERION OF QUALITY

- A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Use of this measure to improve performance
Variation in quality for the performance measured

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

Internal quality improvement
National reporting

Application of Measure in its Current Use

CARE SETTING

Emergency Medical Services
Hospitals

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Physicians

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Individual Clinicians

TARGET POPULATION AGE

Age greater than or equal to 18 years

TARGET POPULATION GENDER

Either male or female

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

See the "Rationale" field.

ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

BURDEN OF ILLNESS

Unspecified

UTILIZATION

Unspecified

COSTS

Unspecified

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Getting Better

IOM DOMAIN

Effectiveness

Data Collection for the Measure

CASE FINDING

Users of care only

DESCRIPTION OF CASE FINDING

All patients aged 18 years and older with an emergency department discharge diagnosis of syncope

DENOMINATOR SAMPLING FRAME

Patients associated with provider

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions

All patients aged 18 years and older with an emergency department discharge diagnosis of syncope

Exclusions

- Documentation of medical reason(s) for not performing an electrocardiogram (ECG)
- Documentation of patient reason(s) for not performing an electrocardiogram (ECG)

RELATIONSHIP OF DENOMINATOR TO NUMERATOR

All cases in the denominator are equally eligible to appear in the numerator

DENOMINATOR (INDEX) EVENT

Clinical Condition
Encounter

DENOMINATOR TIME WINDOW

Time window is a single point in time

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions

Patients who had a 12-lead electrocardiogram (ECG) performed

Exclusions

None

MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

NUMERATOR TIME WINDOW

Encounter or point in time

DATA SOURCE

Administrative data
Medical record

LEVEL OF DETERMINATION OF QUALITY

Individual Case

PRE-EXISTING INSTRUMENT USED

Unspecified

Computation of the Measure

SCORING

Rate

INTERPRETATION OF SCORE

Better quality is associated with a higher score

ALLOWANCE FOR PATIENT FACTORS

Unspecified

STANDARD OF COMPARISON

Internal time comparison

Evaluation of Measure Properties**EXTENT OF MEASURE TESTING**

Unspecified

Identifying Information**ORIGINAL TITLE**

Measure #3: electrocardiogram performed for syncope.

MEASURE COLLECTION

[The Physician Consortium for Performance Improvement® Measurement Sets](#)

MEASURE SET NAME

[Emergency Medicine Physician Performance Measurement Set](#)

SUBMITTER

American Medical Association on behalf of the American College of Emergency Physicians, the Physician Consortium for Performance Improvement®, and the National Committee for Quality Assurance

DEVELOPER

American College of Emergency Physicians
National Committee for Quality Assurance
Physician Consortium for Performance Improvement®

FUNDING SOURCE(S)

Unspecified

COMPOSITION OF THE GROUP THAT DEVELOPED THE MEASURE

Bruce S. Auerbach, MD, FACEP (*Co-Chair*); Eric C. Schneider, MD, MSc (*Co-Chair*); James G. Adams, MD, FACEP; Dennis M. Beck, MD, FACEP; Raj Behal, MD, MPH; Stephen V. Cantrill, MD, FACEP; Randall B. Case, MD, FACEP; William

Dalsey, MD, FACEP; Andrew Eisenberg, MD, MHA; Robert Emmick, Jr., MD, FACEP, MBA; James Feldman, MD, MPH; Paul Gitman, MD, MACP; Richard Griffey, MD, MPH; Scott R. Gunn, MD; Stephen D. Hanks, MD, MMM, FACP; Jeffery P. Kanne, MD; Rahul Khare, MD; Sravanthi Reddy, MD; Carlotta M. Rinke, MD, FACP, MBA; Sam J.W. Romeo, MD, MBA; John F. Schneider, MD, PhD; John J. Skiendzielewski, MD, FACEP; Carl Tommaso, MD, FASCAI

Marilyn Bromley, RN, American College of Emergency Physicians; Angela Franklin, JD, American College of Emergency Physicians

Sally Turbyville, MA, National Committee for Quality Assurance

Tom Croghan, MD, Mathematica Policy Research

Latousha D. Leslie, RN, MS, Centers for Medicare & Medicaid Services; Susan Nedza, MD, MBA, FACEP, Centers for Medicare & Medicaid Services; Sylvia Publ, MBA, RHIA, Centers for Medicare & Medicaid Services

Karen S. Kmetik, PhD, American Medical Association; Beth Tapper, MA, American Medical Association

Rebecca A. Kresowik, Facilitator; Timothy F. Kresowik, MD, Facilitator

Millie Perich, RN, MS, Joint Commission on Accreditation of Healthcare Organizations

Patrick Torcson, MD, MMM, FACP, Society of Hospital Medicine

Nancy Stonis, RN, BSN, MJ, Society of Critical Care Medicine

Gayle Whitman, PhD, American Heart Association

FINANCIAL DISCLOSURES/OTHER POTENTIAL CONFLICTS OF INTEREST

Conflicts, if any, are disclosed in accordance with the Physician Consortium for Performance Improvement® conflict of interest policy.

ENDORSER

National Quality Forum

INCLUDED IN

Ambulatory Care Quality Alliance
Physician Quality Reporting Initiative

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

2006 Oct

MEASURE STATUS

This is the current release of the measure.

SOURCE(S)

American College of Emergency Physicians, Physician Consortium for Performance Improvement®, National Committee for Quality Assurance. Emergency medicine physician performance measurement set. Chicago (IL): American Medical Association, National Committee for Quality Assurance; 2006 Oct. 14 p. [6 references]

MEASURE AVAILABILITY

The individual measure, "Measure #3: Electrocardiogram Performed for Syncope," is published in the "Emergency Medicine Physician Performance Measurement Set." This document and technical specifications are available in Portable Document Format (PDF) from the American Medical Association (AMA)-convened Physician Consortium for Performance Improvement® Web site: www.physicianconsortium.org.

For further information, please contact AMA staff by e-mail at cqi@ama-assn.org.

NQMC STATUS

This NQMC summary was completed by ECRI Institute on October 12, 2007. The information was verified by the measure developer on November 21, 2007.

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Measures including specifications

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